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Addressing Systemic Impacts of Psychiatric Hospitalization for Marginalized College Students

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Agenda

- ✓ Discuss current and ongoing relevance of adequate mental health care fo
  and brown student communities
- ✓ Reflection exercise
- ✓ Explore college student mental health idiosyncrasies
- ✓ Review criterion for psychiatric hospitalization
- ✓ Theoretical frameworks and care initiatives in harm reduction work
- ✓ Call to action for unlearning ideas about hospitalization

Presenters' Positionality



Reflection Exerc

Join us at www.menti.com

Enter code

37 43 64 9

Learning Outcomes

1. Participants will be able to increase competency of the hospitalization process when doing harm reduction work.

2. Participants will be able to discuss and start conceptualizing the mental health and suicide prevention of marginalized college students through the lens of Relational-Cultural Theory (RCT).

3. Participants will be able to conceptualize the barriers to adequate treatment based on the potential for (re)traumatization of this population.

How do we interpret grief or trauma responses when const

emotional reactions?

How do we care for clients with real responses to environ

stressors?

Current Relevance

- COVID-19 has brought a new set of challenges
- Even prior to COVID-19 students struggled with mental health concerns at highe than general population
- Students forced to keep pushing forward in the face of numerous historical even
- Pandemic, election year, white supremacy and working from home

College Student Mental Health

- According to the National Alliance on Mental Health major mental health issues present themselves between the ages of 14 – 25.

- Most common reported presenting issues include:
    1. Anxiety (60.7%)
    2. Depression (48.6%)
    3. Stress (47%)

- While suicidal thoughts accounted for 14.4% of concerns reported by students (Leviness et al., 2019).

- Suicide is the second leading cause of death amongst college students, with an estimated 14 deaths per 10,000 people (CDC, 2018).

Marginalized Students and Racial Dispari in Mental Health

- Racial/ethnic marginalized students attended significantly fewer sessions than white student 2005) in part due racial related stigma by college counselors (Miranda et al., 2015)
  - Lack of cultural competencies for diverse student populations
  - Misdiagnosis of marginalized students; clinicians overemphasize psychotic symptoms in Black/African (Schwartz & Blakenship, 2014)
- Yet, some reports indicate that students of color experience higher rates of distress or suicid (Brownson et al., 2014).

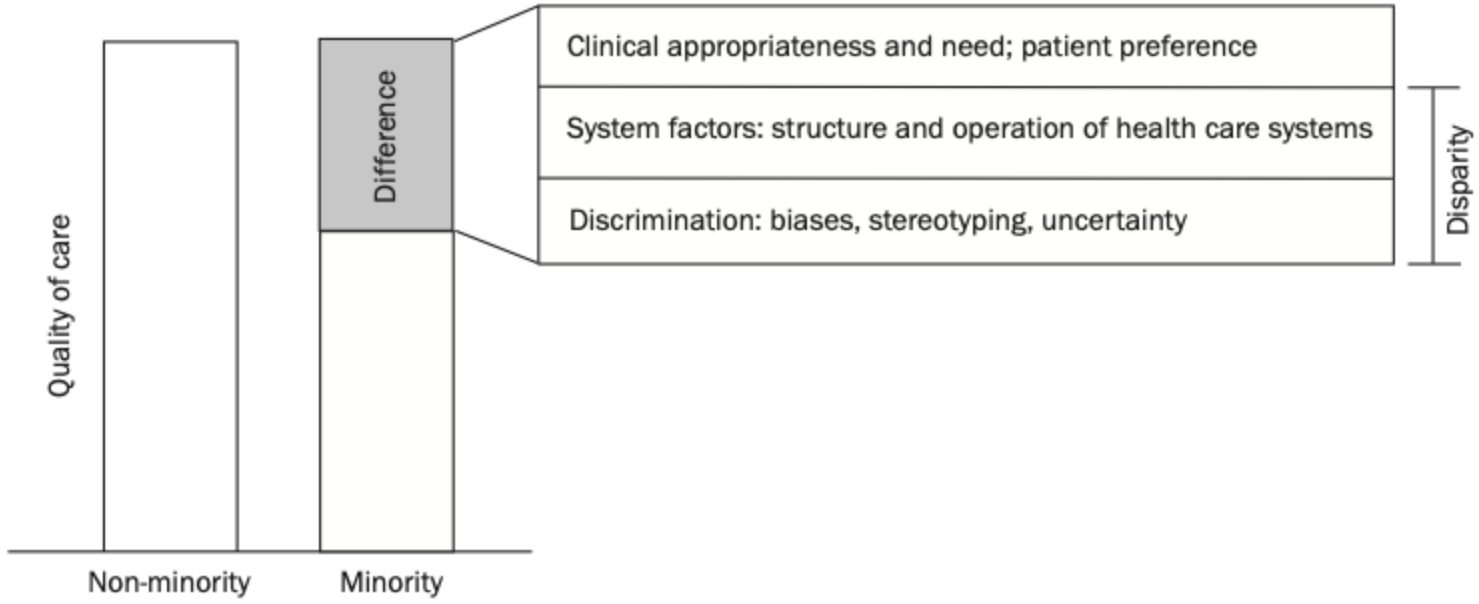
Relevant issues that may be affecting the mental health of racially/ethnically diverse students
- Inability to access secure and private spaces for tele-health counseling
- Questioning their safety and security in a world that sees their mental health as an indicator
- Lack of support systems because they are unable to visit home
- Activism fatigue and burnout

Interventions to Crisis and Suicidality

- Universities may lack the resources and tr
  staff to actively respond to students in cri
- Interventions by colleges and counseling
  perhaps due to fear of lawsuits and mone
  (Fossey & Zirkel, 2011), may dictate the a
  the counselor, faculty, or staff.
- Responses may to actively move students
  campus" to avoid tragedy and liability (Pis
  al., 2017)

EXHIBIT 1

Difference Versus Disparity In The Health Care System



SOURCE: Adapted from T.G. McGuire et al., "Implementing the Institute of Medicine Definition of Disparities: An Application to Mental Health Care," *Health Services Research* 41, no. 5 (2006): 1979–2005 (reprinted with permission).

"Between 1999 and 2008, 35 percent of those with outpatient commitment orders have been African Americans 17 percent of the state's population, while 33% of the people on outpatient commitment have been whites, who percent of the population."

(Swanson et al., 2009)

Hospitalization and Suicide "Pr

- Interaction with law enforcement if involun
  - Individuals are patted down and place (adults) or zip ties (children)
- Differences across states
  - GA: Two people sign an affidavit, one behavior within 48 hours; judge order Apprehend
  - NC: Any one person with firsthand kn complete a petition for hospitalizatio
- Student outcomes demonstrate higher leve following a hospital stay (Pistorella et al., 20
  - Decreases sense of belonging and rei ideation (Polychronis, 2017)
- Prioritizes diagnosable illness in the intake a process (doesn't speak to acute distress)
- Used as an aid in protecting individuals fro inflicted harm

"In the name of mental health, we deprive them o
most basic precious possession – liberty."

The Baker Act

- Passed in 1971 and named after State Representative Maxine Baker (Miami) proceeding her role Committee for Mental Health
  - ➢ 72-hour mandatory hold for adults, 12 hours for minors
- "An involuntary psychiatric examination of a person and their potential commitment" → a hearin this within five (5) working days
  - Magistrate can order continued placement up to 180 days following mandatory 72 hours
- Examination by both a ***psychiatrist and a psychologist***, whom must agree that involuntary hold is
- Baker Act paperwork not provided to the client at the time of intake; client remains unaware of c nor access to guardian/advocate
- In half of all U.S. states, involuntary psychiatric detentions have outpaced population growth 3:1 (2020)

(Citizens Commission on Human

Involuntary Inpatient Placement
Florida Statute 394.467

"A person may be ordered for involuntary inpatient placement for treatment upon a finding of the co
and convincing evidence that…

a) He or she has a mental illness and because of his or her mental illness conflicts with their ability
ordinary demands of living
b) Incapable of surviving alone and may suffer from neglect as a result
c) Unable to determine for themselves whether placement is necessary
d) They have refused voluntary inpatient placement for treatment after explanation and disclosure
purpose of inpatient placement
e) Substantial likelihood that they will inflict serious bodily harm on self or others
f) All available less restrictive alternative treatment are judged inappropriate (alternative placeme
inappropriate – such as halfway houses, substance use facilities, etc.)"

(Citizens Commission on Human

Psychiatric Units: Care Correction?

- D(x) often excludes culturally sen
- Mental health counselors not inv assessment process, despite bein source of care
- Call to action: how to align focus care from clinician liability
- Hospitalization as a last resort vs. standard of care

The Intersection of Marginalization

As clinicians, we must ask ourselves...

With limits of liberty and autonomy inflicted in the hospitalization process, the mental health care system add a layer of misunderstanding, stigmatiza diagnosis on BIPOC?

How can college counselors best address and humanize the experiences of trauma that might come from these anti-harm protocols?

Care Initiatives

- Offering training to faculty and staff
- Specialized mental health programs
- Focus on prevention instead of post
- Emphasis on reducing re-traumatization
- Inclusion of more support when hospitalization is the only option
- How we assess and work with those displaying suicidality must be systemically reassessed

Relational-Cultural Approach to Ment Health and Suicide Prevention

Relational Cultural Theory (RCT) can be utilized by:

1) Empowering student autonomy and choice
2) Engaging in mutual empathy and growth fostering connections outside of the sterile hospital en
3) Recognizing how oppression marginalization fuel feelings of shame and guilt that may feed suici
4) Helping the client build connections so that support systems can be used instead of hospitalizat
5) Affirming when disconnections are used as mechanisms for survival against oppression
6) Letting the counselor let go of the need to be right or in control of the client when self-harm or thinking is expressed

Debrief and Reflection

What are some potential limita
involuntary hospitalization? Str

What is your current stance on hos
and what is your respons

What ways can we minimize har
hospitalizations decrease? Or should
hospitalization?

What considerations should we co
environmental stressors (COVID-
injustice, election year)

Questions?

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Resources

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Thank you!